

**SENDER: COMPLETE THIS SECTION****COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Mr. Joachim Wottrich  
309 South Oak Park Avenue  
Apartment 2W  
Oak Park, IL 60302

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> X	
D. Is delivery address different from item 1?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If YES, enter delivery address below:

**2. Article Number (Copy from service label)**

7000 1670 0004 1399 5169

102595-00-M-0952

**3. Service Type**

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)**

Yes

**PS Form 3811, July 1999**

Domestic Return Receipt